

# **Guidance on Access to and Use of NPIRS Program Data by Internal Users**

## **June 2001**

### **Purpose:**

This document establishes guidance governing access by internal users to individual record-level data maintained in the National Patient Information Reporting System (NPIRS) database. For purposes of these Guidelines, internal users are defined as employees of the various components of our Indian healthcare system (IHS, Tribal, Urban), including their contractors or subcontractors, who are performing duties and accessing information within their legal authorities to do so.

The NPIRS database contains important but sensitive patient care data on the American Indian and Alaska Native population. Appropriate use of these data can be beneficial to the IHS, Tribes, Urban programs, and the American Indian and Alaska Native population served by this healthcare system. However, it is essential to ensure that the confidentiality of Indian people for whom the data are maintained is not compromised, that the data are not misused, and that the appropriate administrative groups representing the subjects of the data are informed. The policies and procedures outlined in this document are intended to safeguard confidentiality and to encourage the appropriate use of NPIRS data. (It should be noted that, at some point prior to April 2003, this guidance document will need to be revisited in order to ensure that it meets HIPAA standards for security and privacy. Similarly, the transactions language standards of HIPAA will need to be incorporated by 2002. The IHS HIPAA Privacy Workgroup is currently reviewing the HIPAA Privacy Rule to determine its impact on IHS policies and procedures, and will provide future input regarding the impact of HIPAA on data access policies and procedures.)

Access by internal users to NPIRS data will be granted based on approval from the Principal Statistician, IHS Program Statistics Team.

### **Principles:**

- § Access to information containing individual patient identifiers and/or Tribal identifiers will not be granted unless there is a specific and justifiable need for these data and appropriate procedures are followed, as described below.
- § The Privacy Act and the IHS System of Records govern the handling and release of individually identifiable records. The IHS and Area Privacy Act Advocates are responsible for ensuring that the Privacy Act and the IHS System of Records are properly adhered to and that patients are properly informed about data release procedures and patient rights regarding their data.
- § These criteria do not specifically cover use of NPIRS data for research purposes. The approval requirements for research, including Institutional Review Board (IRB), program, and Tribal approval requirements, are detailed elsewhere. Any use of NPIRS data which

is in any part research must fully comply with these approval requirements before data are accessed or used. Additional information regarding IRB review may be obtained through the IHS Research web pages, which can be found at the IHS Internet web site, under Non-Medical Programs (<http://www.ihs.gov/NonMedicalPrograms/Research/index.htm>).

- § Access to data is granted on a need to know basis depending upon the legal authority of each user. For example, IHS Headquarters personnel in the performance of their duties have a need to know concerning IHS program data maintained in the IHS central databases, and Area Office personnel in the performance of their duties have a need to know concerning Area program data maintained in the IHS central and Area databases.
- § IHS Areas and Tribes have a right to know which internal users have requested, and for what purposes, access to data pertaining to them. Therefore, requests for Area-specific data by users whose default authorized level of access does not include all IHS Areas will be channeled through the appropriate Area Office. Areas and Tribes have a right to challenge a decision to release data pertaining to them to the Principal Statistician, and if a resolution is not obtained then to the Director, IHS. However, access to data from which all Area or Tribal identifying-information has been removed does not require Area or Tribal approval. (Note: Language from the HIPAA Privacy Rule may require some changes to this provision upon the implementation state of this Act.)
- § In keeping with the IHS Director's Vision Statement and with good public health practice, tribal partnership and involvement is encouraged. In order for analyses to be meaningful and useful, the user should involve the appropriate Area, Service Unit, State, and tribal personnel. Whenever possible, their involvement should be sought in the formulation of analyses, in the interpretation of results, and in the dissemination of findings. For public health investigations, the user should send the result first to those appropriate personnel, especially those with responsibility for delivery of local public health and personal health care.

### **Guidelines:**

Access to NPIRS data will be individualized for each user based on their documented need for data and their legal authorities. Broadly, three levels of restriction will be implemented:

- 1) Restricted access to entire data sets. Users may or may not have access to whole data sets (or tables) contained within the NPIRS database. Data sets may be defined on the basis of Area or Content (type of data). In general, authorized access to specific data sets will be granted to Statistical Officers for designated Areas. Access to data sets from multiple areas will be granted to users as needed when documented justification is made.
- 2) Restricted access to types of records. Users may or may not have access to certain types of records depending on documented justification. A type of record may be defined on the basis of demographic or tribal characteristics, or may be defined based on the type of medical visit.

- 3) Restricted access to specific variables. Because the privacy and protection of individual patients is critical, a number of variables that directly convey personally-identifying information will be restricted for most users. Although it is recognized that many users need to be able to link or aggregate multiple records at the person-level, most users do not need to identify individuals specifically by name, address, etc. Therefore, access to personal identifiers will only be granted based on documented need for access. If access to one or more protected elements is granted, the user must agree that use of these elements be project specific and that appropriate measures are taken to safeguard the security of the confidential data. The following personal identifiers are defined as restricted: name, address, zip code, county, tribal affiliation, and Social Security Number. However, a database-created unique ID variable will be provided. This variable has no intrinsic meaning and cannot be used for linkage to external data, but will enable users to resolve visit data by individual while protecting the actual identity of patients. In addition to personally-identifying information, other data elements may also be restricted, depending on the legal authorities of individual users. For example, access to clinical diagnostic data will be granted to users who have authorization and a need to know those data in the performance of their duties.

The following five Categories of Users are currently recognized:

- 1) Data Quality Action Team. The Data Quality Action (DQA) Team was organized in 2001 to address issues related to IHS data quality, particularly, but not exclusively, those related to the determination of active user counts. Because they are actively engaged in evaluation and analysis of all available NPIRS data, the members of the DQA Team are to be granted full access to data as needed. Key named advisors to the DQA Team will also be granted full access for DQA Team-related activities.
- 2) IHS Program Statistics Office. Because the IHS Program Statistics Office has the responsibility to prepare and disseminate reports on the health of the IHS population, Program Statistics staff will be given access to data from all IHS Areas. However, the Program Statistics staff will not routinely receive access to personal identifiers (as described above) unless the need for such identifiers is documented.
- 3) Area Statistical Officers. The designated Statistical Officer for each IHS Area Office shall be given full access to data from their Area, but not to data from other Areas. Because Statistical Officers presumably have access and responsibilities to all data elements from their Area, including personal identifiers, they may receive access to all variables that were also represented in the original data that they exported to NPIRS.
- 4) Epidemiologists. The goals of the IHS Epidemiology Program are to describe causes of morbidity and mortality, identify risk factors for disease, and prevent and control disease within the IHS population. In order to pursue these goals, epidemiologists should be given access to the NPIRS database pursuant to the following guidelines: A) Staff of the IHS National Epidemiology Program shall be given access to data from multiple areas,

with restrictions on personal identifiers as described above. If personal identifiers are needed for specific purposes, access will be granted to users provided that appropriate justification has been given. B) The IHS-sponsored Tribal Epidemiology Centers and IHS Area Epidemiologists are considered internal users and will be granted access to specific Area program for the Tribes and communities they are authorized to serve. Access to other areas will only be granted based on documented need. For these users, as for other users, access to personal identifying information will be restricted unless the need for these data is documented.

- 5) Ad Hoc Users. Ad hoc users include IHS, Tribal, or Urban employees whose position does not fall within the previous categories but who require access to the data in order to perform their duties. The access needs of ad hoc users will be determined on a case-by-case basis, based on their documented need for data and their legal authorities. It is anticipated that most users will not have access to data for other than their respective local facility, or program, Tribe, Area, etc.

Table 1 below summarizes the default level of access for each category of user as outlined above. Additional access may be granted with justification.

**Table 1**  
**Default Levels of Access**

	Area Data Sets	Records	Individual Person Identifiers	Tribal and Area Identifiers
DQA Team	All Areas	All Records	All Variables	All Variables
IHS Program Statistics Office	All Areas	All Records	No personal identifiers	All Variables
Area Statistical Officers	Designated Area	All Records for Designated Area	All Variables	All Variables
IHS Epidemiologists	All Areas	All Records	No personal identifiers	All Variables, as justified
Area and Tribal Epidemiologists	Designated Area/Tribe	All Records for Designated Area/Tribe	No personal identifiers	All Variables for Designated Area/Tribe
Ad Hoc Users	As justified	As justified	No personal identifiers	As justified

### **Policies:**

In order to ensure the security and proper use of data, the Principal Statistician expects users to agree to observe the following conditions and to comply with these requirements. These requirements apply to the use of the file(s) to which the user is given access or any data derived from such files. It should be noted that the same guidelines should be followed with respect to

any data that users already have in their possession, i.e., data files obtained prior to the establishment of these guidelines. Before access to the NPIRS databases is granted, users must signify their assurance that they understand and will abide by these requirements. All persons who will access the data, not just project leaders or supervisors of users, must complete the **Data Access Request Form** and sign the **Statement of Confidentiality and Nondisclosure Assurances Form**. (Note: IHS is in the early process stage of implementing the HIPAA Privacy Rule standards, which may have an impact on the various forms or releases described here.)

It should be noted that, although the establishment of UNIX accounts may be required for implementation of NPIRS access, approval for NPIRS access is granted separately from the establishment of UNIX accounts by the Information Technology Support Center (ITSC). Access to UNIX accounts will continue to be coordinated by the appropriate ITSC personnel, and the guidelines listed here do not replace any existing internal procedures governing UNIX access.

- 1) The intended use of IHS data will be described and documented in the Data Access Request Form (see Appendix A), which will be submitted to the IHS Principal Statistician. The Data Access Request Form will name the user(s), will specify the intended uses of the data, will address the need, if any, for restricted data elements, and will specify the physical location(s) where access will be needed and where any resulting derivative data files will reside. Any planned or anticipated publication or dissemination of data should also be indicated. The file(s) will be used only for the purpose(s) provided in the Data Access Request Form—this purpose should be consistent with the legal authorities associated with the requestor's position and duties. Any proposed use of the data other than that described in the Data Access Request Form is subject to review and approval by the IHS Principal Statistician.
- 2) Time period. All users agree that access to data and the status of projects for which the data were requested will be reviewed annually and access privileges may be subject to change. Annual access reviews will be done on October 1.
- 3) The user agrees that access to the data file(s) referred to in this agreement does not convey ownership on the part of the user, and that the user does not obtain any right, title, or interest in any of the data furnished by NPIRS.
- 4) Users agree that any data provided by NPIRS will not be physically moved or electronically transmitted in any way from the site indicated in the Access Request Form, unless permission is granted to do so.
- 5) Users may not release, nor permit others to release, the data sets in any part to any person who is not an authorized internal user for those types of data, except with the written approval of the IHS Principal Statistician.
- 6) Unless permission is granted in writing, the user shall not disclose, release, reveal, show, sell, rent, lease, loan, or otherwise grant access to the data covered by these guidelines to any person or entity.

- 7) Administrative Security. Users agree to establish appropriate administrative, technical, and physical safeguards to protect the confidentiality of the data and to prevent unauthorized use or access to it. The safeguards shall provide a level and scope of security that is not less than the level and scope of security established by the Office of Management and Budget (OMB) in OMB Circular No. A-130, Appendix III--Security of Federal Automated Information Systems, which sets forth guidelines for security plans for automated information systems in Federal agencies. Users acknowledge that the use of unsecured computers, computer servers or telecommunications, including the Internet, to store or transmit individually identifiable or deducible information derived from NPIRS files is prohibited. Further, users agree that the data must not be physically copied, moved, or transmitted in any way from the physical site named in the Access Request Form without written approval from the IHS Principal Statistician.
- 8) Users agree that they will not attempt to use the data sets nor permit others to use them to learn the identity of any individual person, tribe, or area unless access has been granted at that specific level.
- 9) Confidentiality. Users agree that no findings, listing, or information derived from the NPIRS database, with or without identifiers, may be released if such findings, listing, or information contain any combination of data elements that might allow the deduction of a patient's identity. Examples of such data elements include but are not limited to geographic indicator, tribal affiliation, age, sex, diagnosis, procedure, admission/discharge date(s), or date of death.
- 10) Protection of tribal identity. As noted, access to tribal identity will not be granted unless the internal user has the legal authority to access that information, or unless tribal review and approval of such access has taken place. Care should be observed with respect to IHS Area identifiers. Although IHS Area does not reveal an individual patient's identity, it may in some cases reveal probable tribal identity. For this reason, users should, to whatever extent is feasible, publish data at a more aggregate level than IHS Area. Examples include aggregation of states or aggregation of IHS Areas. In addition to protecting tribal identity, a regional approach to data reporting offers additional advantages with respect to sample size. An example of a Regional classification system is shown in Appendix C. Use of this or a similar system is encouraged for purposes of publication or presentation.
- 11) Dissemination of Findings. Any dissemination of results obtained from NPIRS data, such as, but not limited to, dissertations, reports, speeches, articles, conference presentations, and press releases shall be subject to existing IHS guidelines. These guidelines are detailed in IHS Circular 63-08, "Public Information Clearance Procedures", and in IHS Circular 88-03, "Clearance of Papers Prepared for Publication." These circulars are available to users through the IHS Internet Web Site, under Press and Public Relations, Publications and Reports, at:  
[http://www.ihs.gov/PublicInfo/Publications/IHSManual/Circulars\\_index.html](http://www.ihs.gov/PublicInfo/Publications/IHSManual/Circulars_index.html).

- 12) Derivative Files. Upon termination of employment with IHS or following other expiration of authorized access, users understand and agree that they may not reuse any existing copied or derivative data file(s) without approval of the IHS Principal Statistician. Unless such approval is granted in writing, users agree to either destroy all derivative data files or return the files to the IHS Program Statistics Office within 30 days of the termination of authorized access.
- 13) Linkage studies. Users agree that linkage of data with individually-identifiable records from other sources will not be attempted without written approval from the IHS Principal Statistician, unless permission has been granted through another authorized source, such as a Memorandum of Understanding signed by the outside agency and the Director, IHS. This requirement is included in order to ensure that the appropriate authorities (including Area and Tribal authorities where appropriate) are aware of and have given their permission for such studies.
- 14) Users agree that they will make every effort to release all statistical information in such a way as to avoid inadvertent disclosure. Examples include:
  - No figure, including totals, should be less than 3 in tabulations for substate geographic areas, unless it is a tabulation routinely published by IHS.
  - No data on an identifiable case should be derivable through subtraction or other calculation from the combination of tables in a given publication.
  - No data should permit disclosure when used in combination with other known data.
- 15) Users agree that in the event the Principal Statistician determines or has a reasonable belief that they have made or may have made an unauthorized disclosure of IHS data, the Principal Statistician may impose any or all of the following measures: (a) terminate access; (b) request a formal response to an allegation of an unauthorized disclosure; (c) require the submission of a corrective action plan with steps designed to prevent any future unauthorized disclosures; and (d) require the return of all derivative data files to the IHS Program Statistics Office.

**Appendix A**  
**Data Access Request Form**

**Draft**  
**06/22/2001**



**INDIAN HEALTH SERVICE  
OFFICE OF PROGRAM STATISTICS  
DATA ACCESS REQUEST FORM**

A separate data access request form must be completed and signed by *each individual* requiring access to IHS Program Data maintained in the National Patient Information Reporting System (NPIRS) database. Before access can be granted, each individual must also read and sign the **Office of Program Statistics Confidentiality and Nondisclosure Assurances Form**.

**GENERAL INFORMATION**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Office or Organization: \_\_\_\_\_

Office Address: \_\_\_\_\_

Other Address from Which Access will be Needed: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

Do you currently have an ITSC UNIX Data Account? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Please check any of the following that apply:**

\_\_\_\_\_ IHS Data Quality Action Team member \_\_\_\_\_ IHS Area Statistical Officer

\_\_\_\_\_ IHS Epidemiologist or National  
Epidemiology Program Employee \_\_\_\_\_ IHS Program Statistics Team  
Employee

\_\_\_\_\_ Area Epidemiologist \_\_\_\_\_ Tribal Epidemiologist

\_\_\_\_\_ IHS Urban Program employee \_\_\_\_\_ Urban Epidemiologist

\_\_\_\_\_ Other IHS or Tribal employee

\_\_\_\_\_ I am requesting access to data for the following IHS Area or Areas:

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In the space provided below, please state the purpose of the request for data access. Provide a summary of the intended uses of the data, including a general overview of the types of analyses planned. Attach additional pages if needed.

Blank handwriting practice paper with horizontal lines and a large, faint watermark reading 'BAVE' in the background.

☐ Yes ☐ No

If the answer is “Yes”, then please refer to the **Principles** section of the accompanying document entitled “Guidance on Access to and Use of NPIRS Program Data by Internal Users.” These criteria do not specifically cover use of NPIRS data for research purposes. The approval requirements for research, including Institutional Review Board (IRB), program, and Tribal approval requirements, are detailed elsewhere. Any use of NPIRS data which is in any part research must fully comply with these approval requirements.

Do you intend to electronically copy the data in any form, including the creation of derivative data files containing some or all of the original data accessed through NPIRS?

☐ Yes

☐ No

If yes, please describe any derivative or copied data files you intend to create, and the location where the data will be maintained. The security measures described in the document entitled “Guidance to Internal Access to and Use of IHS Program Data” must be followed.

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How will you maintain the confidentiality and security of any copied or derivative data files?

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Do you intend to publish the data or disseminate the results of analyses on these data in any form? Examples include: publishing aggregate data on the Internet, publication of research articles, and presentation of data at research conferences or external conferences.

☐ Yes

☐ No

Please provide details or examples

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Do you intend to publish data aggregated at the Area level (e.g., Aberdeen, Bemidji, Navajo)?

☐ Yes

☐ No

To the extent feasible, data should only be published at a broader Regional level, rather than identifying specific IHS Areas, in order to protect tribal identity.

## REQUEST FOR RESTRICTED DATA ELEMENTS

Are you requesting access to any of the following restricted data elements? (Check all that apply below.) **These data elements are protected and it is assumed that most users will not require access to these elements.** Exceptions will only be granted in cases where justification is provided that demonstrates why these data are needed, and why the objectives of the research or planned analyses cannot be completed without these elements. (Access to some of the data elements listed here may require Tribal review and approval in addition to review and approval by the IHS Principal Statistician.)

- ☐ Patient Name
- ☐ Patient Home Address, including street, city, zip code. (State will be provided.)
- ☐ Patient's County of Residence (State will be provided.)
- ☐ Patient's Tribal Affiliation
- ☐ Specific date of birth--year, month, day. (Year and month will be provided.)
- ☐ Patient's Social Security Number (please note that an alternate individual ID number created by ITSC for analytic purposes only will be provided with all records).

Please describe in detail what specific purposes require the data elements checked above. Be as specific as possible. Use additional pages as needed.

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All the statements entered in this application are true, complete, and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Appendix B**  
**Statement of Confidentiality and Non-Disclosure**  
**Assurances Form**

**Draft**  
**06/22/2001**

*The policies listed in this form for signature are the same  
policies described in the accompanying document entitled  
“Guidance on Access to and Use of NPIRS Program Data by Internal Users”*

Note: HIPAA Privacy Rule language will be incorporated into this Appendix prior to April 2003. The IHS HIPAA Privacy workgroup is currently reviewing the HIPAA Privacy Rule to determine its impact on IHS policies and procedures.

**INDIAN HEALTH SERVICE  
OFFICE OF PROGRAM STATISTICS  
STATEMENT OF CONFIDENTIALITY AND NON-DISCLOSURE  
ASSURANCES FORM**

All persons requesting access to IHS Program Data contained in the National Patient Information Reporting System (NPIRS) database must indicate that they have read, understand, and will abide by the following restrictions and prohibitions pertaining to the data.

- 1) The intended use of IHS data will be described and documented in the Data Access Request Form (see Appendix A), which will be submitted to the IHS Principal Statistician. The Data Access Request Form will name the user(s), will specify the intended uses of the data, will address the need, if any, for restricted data elements, and will specify the physical location(s) where access will be needed and where any resulting derivative data files will reside. Any planned or anticipated publication or dissemination of data should also be indicated. The file(s) will be used only for the purpose(s) provided in the Data Access Request Form—this purpose should be consistent with the legal authorities associated with the requestor's position and duties. Any proposed use of the data other than that described in the Data Access Request Form is subject to review and approval by the IHS Principal Statistician.
- 2) Time period. All users agree that access to data and the status of projects for which the data were requested will be reviewed annually and access privileges may be subject to change. Annual access reviews will be done on October 1.
- 3) The user agrees that access to the data file(s) referred to in this agreement does not convey ownership on the part of the user, and that the user does not obtain any right, title, or interest in any of the data furnished by NPIRS.
- 4) Users agree that any data provided by NPIRS will not be physically moved or electronically transmitted in any way from the site indicated in the Access Request Form, unless permission is granted to do so.
- 5) Users may not release, nor permit others to release, the data sets in any part to any person who is not an authorized internal user for those types of data, except with the written approval of the IHS Principal Statistician.
- 6) Unless permission is granted in writing, the user shall not disclose, release, reveal, show, sell, rent, lease, loan, or otherwise grant access to the data covered by these guidelines to any person or entity.
- 7) Administrative Security. Users agree to establish appropriate administrative, technical, and physical safeguards to protect the confidentiality of the data and to prevent unauthorized use or access to it. The safeguards shall provide a level and

- scope of security that is not less than the level and scope of security established by the Office of Management and Budget (OMB) in OMB Circular No. A-130, Appendix III--Security of Federal Automated Information Systems, which sets forth guidelines for security plans for automated information systems in Federal agencies. Users acknowledge that the use of unsecured computers, computer servers or telecommunications, including the Internet, to store or transmit individually identifiable or deducible information derived from NPIRS files is prohibited. Further, users agree that the data must not be physically copied, moved, or transmitted in any way from the physical site named in the Access Request Form without written approval from the IHS Principal Statistician.
- 8) Users agree that they will not attempt to use the data sets nor permit others to use them to learn the identity of any individual person, tribe, or area unless access has been granted at that specific level.
  - 9) Confidentiality. Users agree that no findings, listing, or information derived from the NPIRS database, with or without identifiers, may be released if such findings, listing, or information contain any combination of data elements that might allow the deduction of a patient's identity. Examples of such data elements include but are not limited to geographic indicator, tribal affiliation, age, sex, diagnosis, procedure, admission/discharge date(s), or date of death.
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  - 11) Dissemination of Findings. Any dissemination of results obtained from NPIRS data, such as, but not limited to, dissertations, reports, speeches, articles, conference presentations, and press releases shall be subject to existing IHS guidelines. These guidelines are detailed in IHS Circular 63-08, "Public Information Clearance Procedures", and in IHS Circular 88-03, "Clearance of Papers Prepared for Publication." These circulars are available to users through the IHS Internet Web Site, under Press and Public Relations, Publications and Reports, at:  
[http://www.ihs.gov/PublicInfo/Publications/IHSManual/Circulars\\_index.html](http://www.ihs.gov/PublicInfo/Publications/IHSManual/Circulars_index.html).
  - 12) Derivative Files. Upon termination of employment with IHS or following other expiration of authorized access, users understand and agree that they may not reuse any existing copied or derivative data file(s) without approval of the IHS Principal

Statistician. Unless such approval is granted in writing, users agree to either destroy all derivative data files or return the files to the IHS Program Statistics Office within 30 days of the termination of authorized access.

- 13) Linkage studies. Users agree that linkage of data with individually-identifiable records from other sources will not be attempted without written approval from the IHS Principal Statistician, unless permission has been granted through another authorized source, such as a Memorandum of Understanding signed by the outside agency and the Director, IHS. This requirement is included in order to ensure that the appropriate authorities (including Area and Tribal authorities where appropriate) are aware of and have given their permission for such studies.
- 14) Users agree that they will make every effort to release all statistical information in such a way as to avoid inadvertent disclosure. Examples include:
- No figure, including totals, should be less than 3 in tabulations for substate geographic areas, unless it is a tabulation routinely published by IHS.
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  - No data should permit disclosure when used in combination with other known data.
- 15) Users agree that in the event the Principal Statistician determines or has a reasonable belief that they have made or may have made an unauthorized disclosure of IHS data, the Principal Statistician may impose any or all of the following measures: (a) terminate access; (b) request a formal response to an allegation of an unauthorized disclosure; (c) require the submission of a corrective action plan with steps designed to prevent any future unauthorized disclosures; and (d) require the return of all derivative data files to the IHS Program Statistics Office.

I have reviewed and understand the restrictions and prohibitions outlined above. I agree to abide by these restrictions. If I have any questions in the future about how these restrictions relate to my use of IHS data, I will contact the IHS Program Statistics Office for clarification.

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Printed Name (First, Middle Initial, Last)

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Signature

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Date



### **Authorization for Access**

The Indian Health Service agrees to furnish access to computerized data from the NPIRS data for authorized program use to the internal requestor named above. The undersigned individual hereby attests that he or she is authorized to approve this access. Access is subject to all provisions outlined in this Form. (A separate form detailing the approved level of access will be sent by the Principal Statistician to the approved internal user and to ITSC staff who will then implement electronic access for the approved internal user.)

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Edna L. Paisano  
Principal Statistician  
Program Statistics Team  
Office of Public Health  
Indian Health Service

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Date

## Appendix C

### Example of a Regional Classification System for Reporting of IHS Data

This classification system is state-based. Multiple states and IHS geographic areas are aggregated to define five broad geographic regions. The use of this particular system is not required, but the use of this or a similar system is recommended for publication purposes in order to protect tribal identity.

Geographic Region	IHS Administrative Area(s)	U.S. State(s)
Alaska	Alaska	Alaska
East	Nashville, Oklahoma	Alabama, Arkansas, Connecticut, Delaware, Florida, Georgia, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Mississippi, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Vermont, Virginia, West Virginia, Washington, D.C.
Northern Plains	Aberdeen, Bemidji, Billings	Iowa, Michigan, Minnesota, Montana, Nebraska, North Dakota, South Dakota, Wisconsin, Wyoming
Pacific Coast	California, Portland	California, Idaho, Oregon, Washington, Hawaii
Southwest	Albuquerque, Navajo, Phoenix, Tucson	Arizona, Colorado, Nevada, New Mexico, Utah

Source: Nathaniel Cobb, M.D., IHS Epidemiology Program